

CLAIMS ONLY

Application Number

10/809,156

"Filling" Date

Application(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 3/22/19		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments						
	Indep.	Depend	Indep.	Depend	Indep.	Depend		Indep.	Depend	Indep.	Depend	Indep.	Depend
1	1												
2													
3													
4		1											
5													
6													
7		1											
8	1												
9													
10													
11													
12													
13		1											
14		1											
15		1											
16		1											
17		1											
18	1												
19													
20													
21	1												
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
Total Indep.	4												
Total Depend.	9												
Total Claims	13												
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
Total Indep.													
Total Depend.													
Total Claims													